## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

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04/01/2008

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## Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. CUSTOMER NUMBER

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(Depositor's name (Signature (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/857,000	09/07/2001	Philippe Clair	320652US0PCT	7846
TITLE OF INVENTION: PI	FPTIDES CARRYING SUB	STANCES ACROSS THE RECOOD BRAIN BARRIER		

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	07/01/2008	
EXAMINER AI		ART UNIT	CLASS-SUBCLASS				
KAM, CHIH MIN 1656		1656	514-015000	•			
CFR 1.363).  Change of corresp Address form PTO/S.  "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A	lication (or "Fee Address 22 or more recent) attack  ND RESIDENCE DATA  less an assignee is ident h in 37 CFR 3.11. Comp	Indication form led. Use of a Customer	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney in the control of the	3 registered patent attornively, e firm (having as a memb agent) and the names of upmeys or agents. If no namprinted.	$\frac{\text{er a p to le is}}{\text{p to}} = \frac{2 \text{ McClel}}{3 \text{ & Neus}}$ $\frac{\text{dentified below, the doct}}{3 \text{ & the doct}}$	land, Maier tadt, P.C.	
SYNT: EM  Please check the appropriate assignee category or categories (will not be p		Nimes, FRANCE  orinted on the patent): Individual Corporation or other private group entity Government					
4a. The following fee(s)  Issue Fee	are submitted:	46	Payment of Fee(s): (Plea A check is enclosed.	se first reapply any prev	iously paid issue fee sho	own above)	
	s SMALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no long from anyone other than the Office.	ger claiming SMALL ENT	TITY status. See 37 CFR	1.27(g)(2).	
Authorized Signature Typed or printed name	Joseph Scar	letta fr.		DateJ	UN 0 6 2008		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Reg. No. 26,803